Silver nitrate cautery and epistaxis

Sir

In cases of persistent epistaxis, where first-aid measures have failed, and providing a bleeding vessel is visible, cautery (Ludman, 1981) with a silver nitrate tipped stick is the treatment of choice. However, where there is profuse bleeding from larger nasal arteries or veins, difficulty is often experienced in stemming the blood flow, and frequently one must resort to electrocautery or tamponade by balloon or packing. Modifying the technique of silver nitrate cautery will result in universal success.

In a study carried out at the Victoria Infirmary, Glasgow, 22 patients presenting with predominantly unilateral epistaxis were examined. Sixteen patients were identified with arterial bleeding vessels and four with profuse bleeding of venous origin. On visualizing the vessel, while removing blood with suction, silver nitrate was applied using a preformed stick (Avoca Caustic Applicator—silver nitrate 75%). Firm pressure was used with the stick directly on the bleeding point and on either side of it. It was found that this does not usually stop the bleeding and the silver nitrate is washed away. Therefore, immediately after application, a piece of cotton wool should be inserted into the nostril, large enough to allow firm pressure on the cautery site (this can be gauged to some extent by flaring of the nostril). The cotton wool is left for 5–10 min and, when removed, a smooth cautery burn results. Occasionally a minor ooze persists and the above cautery procedure can be reapplied, more effectively, the second time.

The cautery site healed well in every case, the scar indistinguishable from superficial cautery, and at the concentrations used silver toxicity was not encountered.

When epistaxis is unilateral there is a high chance of being able to identify a bleeding point. Sometimes the source may not be visible because of a septal deviation, or a bleeding point may be visible but access prevented by a spur. These limitations did not occur in this series, and can be regarded as occurring infrequently. If the epistaxis stops spontaneously, but the bleeding has been from a vessel of any significance, it will almost certainly recur. It is therefore advisable to look for the bleeding point, remove clots, and paint the inferior turbinate with ephedrene 0.5% to improve the view of the nasal cavity. Spots of blood can be wiped off using a cotton bud, as they may be overlying the pinhead protrusion of a ruptured vessel end, which can then be cauterized.

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REFERENCE

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